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CONFIRMATION NO. 4734

Bib Data Sheet

SERIAL NUMBER 09/927,043	FILING DATE 08/09/2001 RULE	CLASS 345	GROUP ART UNIT 2673	ATTORNEY DOCKET NO. 16805-00035
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APPLICANTS

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** CONTINUING DATA *Yes, A-U*
This appln claims benefit of 60/225,343 08/15/2000

** FOREIGN APPLICATIONS *None, A-U*

F REQUIRED, FOREIGN FILING LICENSE GRANTED
** 09/13/2001

** SMALL ENTITY **

Foreign Priority claimed 15 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>A-U</i>	STATE OR COUNTRY NH	SHEETS DRAWING 12	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
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TITLE

AUGMENTED REALITY DISPLAY INTEGRATED WITH SELF-CONTAINED BREATHING APPARATUS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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